

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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NAME OF COMMITTEE (In Full)

AMERICAN MEDICAL RESPONSE INC POLITICAL ACTION COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
MIKE THOMPSON FOR CONGRESS

Mailing Address 5429 Madison Avenue

City State Zip Code  
Sacramento CA 95841

Purpose of Disbursement  
Campaign Committee

Candidate Name  
MIKE MR. THOMPSON

Office Sought: ☒ House  
☐ Senate  
☐ President

State: CA District: 01

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

011  
Category/  
Type

Transaction ID: SB23.6052

Date of Disbursement

07 / 11 / 2007

Amount of Each Disbursement this Period

500.00

**B.** Full Name (Last, First, Middle Initial)  
TOM ALLEN FOR SENATE

Mailing Address 550 FOREST AVE SUITE 101

City State Zip Code  
PORTLAND ME 04112

Purpose of Disbursement  
Campaign Contribution

Candidate Name  
THOMAS H ALLEN

Office Sought: ☐ House  
☒ Senate  
☐ President

State: ME District: 00

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

011  
Category/  
Type

Transaction ID: SB23.6062

Date of Disbursement

07 / 17 / 2007

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

1500.00

**TOTAL** This Period (last page this line number only) .....

1500.00